Doc Code: PET.POA.WDRW

Document Description: Petition to withdraw attorney or agent (SBS3)

PTO/SB/83 (11-08)

Approved for use through 11/30/2011, OME 0851-0035 U.S. Petent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF **CORRESPONDENCE ADDRESS**

Application Number	10/840019	
Filing Date	2004-05-06	
First Named Inventor	James Buck	
Art Unit	3765	
Examiner Name	Brian K. Kauffman	
Attorney Docket Number	057958.000003	

To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450									
Please withdraw me as attorney or agent for the above identified patent application, and									
all the practitioners of record;									
the practitioners (with registration numbers) of record listed on the attached paper(s); or									
the practitioners of record associated with Customer Number:									
NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.									
The reason(s) for this request are those described in 37 CFR:									
10.40(b)(1) 10.40(b)(2) 10.40(b)(3) V 10.40(b)(4)									
16.40(c)(1)(i) 10.40(c)(1)(ii) 10.40(c)(1)(iii) 10.40(c)(1)(iii)									
10.40(c)(1)(v) 10.40(c)(1)(vi) 10.40(c)(2) 10.40(c)(3)									
10.40(c)(4) 10.40(c)(5) 10.40(c)(6) Please explain below:									
\									
Certifications									
Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.									
I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.									
I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.									
3. [J/We have notified the client of any responses that may be due and the time frame within which the client must respond.]									
Please provide an explanation, if necessary:									
regarding U.S. patent 7,614,814, S.N. 11/515,594 - we are withdrawing as attorneys in accordance with patentees' request because they will be handling the maintenance fees that will be due in the future									

(Page 1 of 2)

This collection of information is required by 37 CPR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including galliaring, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA. 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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OR		·····		· · · · · · · · · · · · · · · · · · ·	*******************************	***********	***************************************	**********
	Massignee name James Buck							
Address	6701 Chelses	ı Ct.						
City Fort	Worth	State TX		Zip 7613	2	***************************************	Country US	************
Telephone	phone (817) 832-8506			Email jamesb@mesadist.com				
I am auth	orized to sign o	on behalf of myself an	d all withdra	wing prac	titioners.			
Signature Signature Comments of the state of								
Name	James E. Bro	adley	arrytelanan		Registra	tion No. 2	7,536	
Address	Bracewell & G	iuliani LLP	Art.					
City Hou	ston	State TX		Zip 7700)2	Count	ry US	
Date	02/09/2010			Telephone No. 713/221-3301				
NOTE: With	frawal is effective	when approved rather to	han when reci	ived.				************

(Page 2 of 2)

[Page 2 of 2]
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If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.